

Nursing Education Program Approval Application Packet

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In order to process your request:

**Mail your application and
other documents to:**

Nursing Care Quality Assurance Commission
Nursing Educator Advisor
PO Box 47864
Olympia, WA 98504-7877

Contact us:

360.236.4745

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Application Instructions Checklist

Thank you for your interest in offering a nursing program in Washington State.

The Nursing Care Quality Assurance Commission has statutory authority through [RCW 18.79.110](#) to approve and review nursing programs with students in the state of Washington. According to [RCW 18.79.240](#), licensed practical nurse, registered nurse, and advanced practice nurse students must graduate from a Commission approved nursing program to be licensed in Washington State. Nursing programs must receive Commission approval before admitting students.

When the Commission receives the application for a Nursing Education Program it will be reviewed. The Commission notifies in writing of any outstanding documentation needed to complete the process.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

☐ **1. Demographic Information:**

Name of Educational Institution: Enter the name of the Educational Institution.

Physical Address: Enter the Education Program complete mailing address.

Phone and Fax Numbers: Enter the Education Program phone and fax number.

Email and Web Address: Enter the Education Program email and web addresses, if applicable.

Type of Ownership: Enter type of Ownership of the Education Program. Please indicate if you are a for-profit or not-for-profit organization.

Credit Status: Enter financial credit status of the Educational Institutional.

☐ **2. Accreditation/Approval by other Boards of Nursing:**

Enter the name of the College or University's accrediting body.

If you have nursing programs located in other states, list the location in each state. Identify the nursing program's accreditation status or plan for Accreditation. Attach additional completed pages if you need more space.

☐ **3. Contact Information:**

Enter the name of the contact person, title, address, email, phone, name of the university or college's president, their title, address, email and phone. Include an organizational chart with names of administrative staff.

☐ **4. Type of Program:**

Check all that apply.

☐ **5. Mode of Education:**

Check all that apply. If your primary operation (physical location) is not in Washington, please complete section seven.

- ☐ **6. Additional Information:**
Complete this section only if your program is seeking full approval and is physically located in Washington State.

This section is considered the feasibility study portion of the program approval process. [WAC 246-840-510](#) identifies the full approval process. The commission may accept the feasibility study and approve the proposed program to being the program development phase of the approval process.

Please provide a written narrative and supporting documents that address each item listed. Attach additional completed pages if you need more space.

- ☐ **7. Out-of-State Programs:**
Complete this section only if your primary operations are conducted outside of Washington.

Main Campus Address: Enter the Education Program main campus address and provide a written narrative and supporting documents that address each item listed. Attach additional completed pages if you need more space.

- ☐ **8. Signature:**
Signature of legal owner or authorized representative.
Date signed.
Print name of legal owner or authorized representative.
Print title of legal owner or authorized representative.

Proposed Nursing Education Program Approval Application

1. Demographic Information

Name of Educational Institution:

Physical Address

City	State	Zip Code	County
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Mailing Address

City	State	Zip Code	County
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Email Address:

Web Address:

Phone (enter 10 digit #):

Fax (enter 10 digit #):

Type of Ownership (please indicate here if you are a for-profit or not-for-profit organization):

Financial Credit Status:

2. Accreditation/Approval by other Boards of Nursing

College/University Accrediting Body

Do you have nursing programs located in other states? ☐ Yes ☐ No

If yes, list which states _____

Identify Nursing Program Accreditation Status or Plan for Accreditation. (Attach additional completed pages if you need more space.)

3. Contact Information

Name of Contact Person		Title	
Physical Address			
City	State	Zip Code	County
Email Address		Phone (enter 10 digit #)	
University/College President		Title	
Address			
City	State	Zip Code	County
Email Address		Phone (enter 10 digit #)	

4. Type of Program: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Practical Nurse | <input type="checkbox"/> LPN Program with RN option | <input type="checkbox"/> RN program with LPN opt out |
| <input type="checkbox"/> Associate Degree Nursing | <input type="checkbox"/> Bachelor of Science in Nursing | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> PhD in Nursing | <input type="checkbox"/> Doctorate in Nursing Practice |
| <input type="checkbox"/> Associate Degree Nursing to Bachelor of Science in Nursing | | |

5. Mode of Education: Check all that apply

- ☐ Classroom program in Washington State
- ☐ Classroom program outside of Washington State
- ☐ Clinical rotation in Washington State
- ☐ Clinical rotation outside of Washington State
- ☐ Online program based in Washington State
- ☐ Online program based outside of Washington State
- ☐ Other _____

Note: If your primary operations are outside the state of Washington, please complete section seven. If your primary operations are in Washington, please leave section seven blank.

6. Additional Information: (For proposed new programs located in Washington State)
Please provide a written narrative and supporting documents that address each of the following items. This section serves as the application for program development (Feasibility Study).

- ☐ Nursing studies documenting the need (supply and demand) for the nursing program(s) being proposed. Consideration should be given to the location of the program in a particular community and on a statewide basis.
- ☐ The purpose and classification of the proposed program(s). Include evidence that the proposed program(s) promote seamless education transition for the nursing student.
- ☐ Availability of qualified faculty.
- ☐ Identify the budgeted faculty positions over the course of the program.
- ☐ Availability of adequate clinical facilities for the program; include number of students proposed for each location.
- ☐ Provide contact information and letters of commitment from all clinical sites. Parties signing the letter of commitment must be legally authorized to enter into the contract.
- ☐ Availability of adequate academic facilities and/or on-line teaching methodologies used by the program.
- ☐ Identify potential impact on surrounding nursing programs in the area where the program is being proposed.
- ☐ Evidence of financial resources; including funding source.
- ☐ Last financial audit report.
- ☐ Anticipated student population.
- ☐ Tentative time schedule for planning and initiating the program.

Note: Please include any additional information important to your application.

7. Out-of-State Programs:
(For Nursing programs seeking approval for clinical site placements in Washington State.)

Main Campus Physical Address

City	State	Zip Code	County
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Phone #

- ☐ A letter of intent specifically identifying courses and clinical experience(s) for which the nursing program is seeking approval;
- ☐ Identify the clinical site(s) and number of students. If applying for number of students, please specify anticipated number of students for calendar year.
- ☐ Description of the type and specific practice area of the proposed clinical learning experiences, including the geographical location, names of proposed clinical facilities, and the anticipated date when the clinical learning experience will begin;
- ☐ A statement as to how these programs and clinical experiences will prepare students for licensure as licensed practical nurses, registered nurses, or advanced registered nurse practitioners according to the scope of practice identified in Washington law;

- ☐ Identification of the faculty member(s) responsible for the student's clinical learning experience and his or her educational qualifications and licensure;
- ☐ Written plans for the clinical supervision of nursing students;
- ☐ Letter(s) or affiliation agreement(s) from prospective clinical facilities or settings indicating the facilities' ability to accommodate students;
- ☐ Identify the contact person at the clinical site and provide telephone and email addresses;
- ☐ Evidence of discussion regarding cooperative planning with directors of existing nursing programs or clinical consortiums for use of potential affiliate agencies and clinical practice setting.
- ☐ Evidence of College or University institutional accreditation status;
- ☐ Evidence of the program's current approval/accreditation status by the state board of nursing from the state where the nursing education program originates;
- ☐ Letter of accreditation from a nursing or nursing-related accrediting organization recognized by the USDE or the CHEA and current status of the accreditation.
- ☐ For programs that are not fully accredited, the program must submit copies of self-evaluation report(s) and any interim report(s) provided to the accrediting body;
- ☐ Evidence that the program has been approved by Washington Student Achievement Council (WSAC). Information about degree authorization can be obtained by contacting dainfo@wsca.wa.gov;
- ☐ Evidence of written policies related to the management of clinical learning experiences to be conducted in Washington including:
 - a. Evidence that faculty is responsible and accountable for managing clinical learning experiences of students.
Note: the maximum faculty to student for pre-licensure LPN and RN programs is 1:10 and the maximum faculty to student ratio for ARNP programs is 1:6;
 - b. Criteria and rationale for the selection of affiliate agencies or clinical practice settings appropriate for the program of study;
 - c. Process for the evaluation of affiliating agencies/clinical facilities or clinical practice settings and the frequency of evaluation;
 - d. Written agreements between the program and affiliating agencies/clinical practice settings and the frequency of evaluation;
 - e. When clinical preceptors or clinical teaching assistants are used, written agreements between the program, clinical preceptor, or clinical teaching assistant, and the affiliating agency, when applicable, delineating the functions and responsibilities of the parties involved;
 - f. Written criteria for the selection of competent clinical preceptors and verification of qualifications; and
 - g. Process for the evaluation of student performance in clinical learning experiences, including the criteria for evaluating the frequency of assessment.

8. Signature

I certify that I have received, read, understood, and agree to comply with state laws and rules regulating nursing education programs. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of owner/authorized representative

Date

Print Name

Print Title

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Nursing Care	<u>RCW 18.79</u>
Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Advanced registered nurse practice programs in Washington State	<u>WAC 246-840-455</u>
Nursing Education Programs.....	<u>WAC 246-840-550</u> to <u>WAC 246-840-575</u>

On-line

Nursing Care Quality Assurance Commission.....	<u>Web Page</u>
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